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Navy & Marine Corps Medical News
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The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: Navy and Jordanian medical teams support 'Infinite Moonlight'
By Capt. Mark Oswell, 22nd MEU (SOC)

With Exercise Infinite Moonlight '00 complete, a medical group from 22nd Marine Expeditionary Unit (Special

Operations Capable) or 22nd MEU (SOC) and Bataan Amphibious Ready Group, or Bataan ARG, have had time to reflect upon the training they experienced in the cold, desert sand of Jordan.

The medical team interacted with Jordanian civilians and military as they conducted a Medical and Dental Civil Assistance Program (MedCAP/DenCAP) in various locations around Jordan.

Physicians, hospital corpsmen, dentists and technicians came from MEU Service Support Group-22 (MSSG-22); 22nd MEU (SOC)'s command element and the Bataan ARG. The Jordanians had a similar medical unit, according to Lt. Dain Wahl, MC, MSSG-22 medical officer.

Every morning for five days, the American medical group joined its Jordanian colleagues to visit various schools around Aqaba and Al Qatranah during two phases of the exercise. The medical team turned cinder block schools into makeshift "sick call" wards.

Wahl said schoolrooms were used as a pharmacy, lab, dental and exam rooms.

American and Jordanian doctors would check the patients, according to Hospital Corpsman Apprentice Timothy Hoyt of New Milford, Conn., who is with MSSG-22. After examination, patients could visit the pharmacy to receive prescribed medication.

Among the adults, the most common complaints were cold symptoms, back pain, knee pain, weakness, headaches, and fatigue, according to Lt. Douglas Bunting, MC, 22nd MEU (SOC) surgeon from Pinetops, N.C.

"The adults were primarily concerned about general aches and pains (muscular and skeletal) and urinary tract infections," elaborated Lt. Cmdr. Chris Alewine, MC, a general practitioner from the USS Bataan (LHD 5). "Upper respiratory infections were also a concern of the adults."

Alewine, from Brandon, Miss., also saw cases that exceeded the ability of the MEDCAP/DENCAP. Many of the adolescents suffered from asthma and reactive airway disease as result of the sandy environment and smoking at a young age. For many of the doctors and especially the corpsmen, it was their first time having to deal with geriatric and childhood diseases.

"The one case that will stay with me is a 5-year-old boy carried in by his mother and grandmother," Wahl explained. "The boy was paralyzed and had on urine-soaked pants. His mother and grandmother looked at me with imploring eyes. They wanted me to fix their child."

Corrective surgery for spina bifida had left the child paralyzed from the waist down.

"What can you do when you have only basic medicines and a stethoscope? I had to send them away telling them there was nothing I could do. The hardest part wasn't facing the child," stated a saddened Wahl. "The hard part was crushing the hopes of the mother and grandmother."

Throughout the exercise, the language barrier was

difficult to breach, but the Jordanians and Americans were able to communicate through a variety of means. The Jordanian medical personnel could speak English well, which came in handy when drawing the children's blood, according to Hoyt.

For the dental effort, Jordanian and American dentists and dental technicians kept busy conducting basic check ups. Navy Lts. Sue Ermish, DC, and Matthew Byars, DC, and their Jordanian and American staff had their hands full.

While the adults were mainly concerned with the extraction of their broken teeth and obtaining medicine, the children were more concerned with the color of their teeth, according to Ermish.

"Their teeth had discoloration called fluorosis because of the natural high level of fluoride in the water," explained the Berwick, Pa., dentist. "We saw a high rate of periodontal disease because of the lack of dental hygiene."

Hospital Corpsmen Second Class Malissa Zoglman, assigned to Bataan, commented about how fortunate Americans are to have quality health care. "Americans do not know how fortunate they are to have a health care system and a clean environment to raise their children in," said Zoglman.

Through the close interaction between Jordanians and Americans, many came away with a sense of accomplishment.

"One of the Jordanian doctors told me that he asked a young girl if she liked Americans," said Wahl. She said, 'I love Americans!' 'Why do you love Americans?' he asked. 'Because, they come to help us,' she responded."

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Headline: Higgins serves as lillypad for medical evacuation
By JO2 Diann Paternoster, USS Higgins

USS Higgins (DD 76) (AT SEA) -- Direct medical assistance for those injured at sea may not always be provided by Navy medical personnel. Such was the case when USS Higgins (DD 76), with its crew of 348 men and women, worked with the Air Force and Coast Guard in a joint effort to assist injured crewmen aboard a civilian cargo ship.

A fire on board the Champion cargo vessel had left two men with burns over 70 percent of their bodies. Medical assistance had already arrived for the men when Air Force paramedics dropped onto the vessel from a C-130 and rendered first aid. But the men now needed evacuation to a medical facility.

Higgins terminated its engineering training off the coast of Southern California and headed to the ship 700 miles from Baja, Mexico. On the way, the skipper learned that a Coast Guard H-60J helicopter from San Diego was headed for the ship. Because of the Champion's distance from land, the helicopter needed a place to refuel between San Diego and the cargo ship.

Higgins was designated a "lillypad" to serve as a refueling station for the helicopter, as well as provide much-needed medical supplies. The Coast Guard helicopter

flew 400 miles from San Diego to Higgins, escorted by the Air Force C-130 to provide communications relays and to help locate the Champion.

It was a successful evolution as the helicopter sat down on Higgins, refueled and then flew 200 miles to pick up the injured men. On the return trip, the helicopter landed again on Higgins to refuel and pick up medical supplies before returning to San Diego.

Knowing the ship played an important role in getting the men to safety made the extra day spent at sea worthwhile for crewmembers. The mission also served as an example of how well the services can coordinate during a joint operation.

"We were able to do our job and help save two lives," Cmdr. Red Smith, USN, Higgins' skipper, told his crew after the event. "You should be proud of yourselves."

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Headline: Great Lakes to name clinic after Fisher family
By Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Branch Medical and Dental Clinic 237 will be renamed the Zachary and Elizabeth Fisher Medical and Dental Clinic in tribute to the philanthropic family that has given generously to all branches of the armed forces and are famous for the establishment of the Fisher Houses.

The Fisher Houses are located at military hospitals and medical centers and allow relatives to be near their loved ones during their recovery and convalescence. The Fisher Houses are modeled after state of the art elegant hotels, and their rooms offer comfort to families during their time of need.

"This Culminates a year of work to rename the clinic after the Fishers, which required approval from the Chief of Naval Operations and the Fisher family," said Capt. Robert North, MC, director of fleet medicine.

The ceremony scheduled for April 25th will be simple and elegant, renaming the facility where Sailors heading to the fleet receive their shipboard and overseas screenings.

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Headline: Dental clinic honors World War 1 hero
By Lt. Cmdr. Dan Pacheco, MSC, Naval Dental Center Great Lakes

GREAT LAKES, Ill. -- USS Osborne Branch Dental Clinic, after undergoing a \$6 million renovation, was formally commissioned February 24.

Osborne, serves the Navy's entire recruit population, and it is the Navy's largest dental clinic with 106 operatories and more than 160 personnel on board.

Located on the grounds of the Navy's only recruit

training command, the Osborne Branch Dental Clinic is one of four dental clinics servicing fleet-bound Sailors and staff of the naval training center complex.

The clinic was dedicated in honor of Lt.j.g. Weedon E. Osborne. He was a dental surgeon in the U.S. Naval Coast Defense Reserve in May of 1917. Osborne was killed in action June 6, 1918 at Chateau Thierry, France, while attached to the 6th Regiment, U.S. Marine Corps. In addition to being the first commissioned officer of the United States Navy to meet his death in land fighting overseas during World War I, he was posthumously awarded the Navy Medal of Honor for extraordinary heroism under fire.

Osborne is one of only two Navy dental officers to ever receive our military's highest award. He was also awarded the Distinguished Service Cross by the Commanding General, Army Expeditionary Forces.

Capt. George Graf, DC, commanding officer, Naval Dental Center, Great Lakes, said there was a unique tie between Osborne and the Naval Dental Center. Several years ago, the Naval Dental Center began providing voluntary support to the Allendale Children's Home in Lake Villa, Ill. Shortly after that, it was learned that Osborne had spent his boyhood at the same home. "Fate brought us together," said Graf.

Graf said that more than 50,000 recruits went through the recruit training command during 1999. Between the recruits and staff, the dental value was almost 42 million dollars. Projections for fiscal year 2000 indicate that 56,000 recruits will pass through the training command. The additional treatment capacity provided by Osborne will help the Naval Dental Center's ability to fulfill its mission of "Fueling the Fleet with dentally healthy Sailors."

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Headline: Pensacola doctors fly through Blue Angel Marathon
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- Five Naval Hospital Pensacola physicians took a 26-mile tour of Naval Air Station Pensacola in the Blue Angel Marathon and finished knowing they're ready for April's physical readiness test.

The quintet of marathoners each earned first-place honors at the 17th annual Blue Angel Marathon where more than a thousand participants crowded base streets.

Navy Internal Medicine specialist, Lt. Nancy Delaney, MC, brought home the first-place trophy as the Female Overall Winner and Air Force Maj. Tom Hoffman, MC, a third-year student in the Naval Hospital's family practice residency training program, finished as the top runner in the Male Masters division. Hoffman finished in 2:58:16.

The duo then teamed-up with three other doctors from the hospital - calling themselves the highly original, 'Navy Docs' -- to claim the Military Installation team trophy by a good two hours over the remainder of the field. The Navy

Docs team also comprised Cmdr. Tom Kersch, MC, head of the Family Practice Clinic; Lt. Cmdr. Christopher Bookout, MC, an orthopedic specialist; and Lt. David Calderwood, a family practice intern.

Delaney, who was running in her first Blue Angel Marathon said, "I felt great until the 23-mile mark (of the 26.2-mile course) ... from there, it was a struggle."

She said the course itself is "pretty easy since it's mostly flat" along the Gulf Coast, but it was the "heat that was troublesome during those first seven miles." Delaney, who has been running marathons for about eight years, said her strategy was to start slow because of that heat.

"My time (3:14:59) was one of my slowest in the last couple of years," she said. "I was hoping to have run a better time."

Lt. Calderwood, a member of the 'Navy Docs' team, was running in only his second marathon and at mile 13, he said, is where he had a "Chernobyl-like incident" - near meltdown -- "but I enjoyed it tremendously," he said with tongue-in-cheek.

The most fun, according to the intern is watching the people - and the T-shirts they wear -- in the race. "One guy was running for family members, another for a POW and still others for what appeared to be World War II vets."

The longest he had trained, Calderwood confessed, was only about seven miles. As to why he runs, he said: "Mom says I'm not very smart, just stubborn. I want to see how far I can push myself. I don't always win - actually never do - and I'm certainly not the prettiest."

NH Pensacola is currently gearing up for the bi-annual PRT, said Lt. Mike Kohler, NC, health promotion coordinator, and having several great runners at the command increases the visibility of the sport while meeting our command mission of health promotion.

"Not everyone has to be a marathoner to experience the benefits of aerobic exercising for conditioning and readiness," said Kohler, who is also a marathoner.

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Headline: Jacksonville gets high marks in customer satisfaction

By Terresa D. White, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville was recently recognized for its customer service at the Department of Defense 2000 TRICARE Conference held in Washington, D.C.

The hospital was one of five runners-up in the CONUS "Community Hospital" Category for Customer Satisfaction. Based on monthly data collected by a DoD Patient Satisfaction Survey, Naval Hospital Jacksonville was selected from 43 similar size facilities in the Army, Air Force, and Navy.

The command's Naval Ambulatory Care Center in Kings Bay,

Georgia, took two top honors in the CONUS "Clinic" Category at the conference. Selected from a pool of 57 Army, Air Force and Navy clinics, the facility was recognized as the best in overall customer satisfaction and TRICARE access.

The DoD health care Patient Satisfaction Survey sampled the way patients perceive customer service and access to care at Military Treatment Facilities in all services during 1999.

Naval Hospital Jacksonville revamped its Patient Services Program in 1999, replacing it with a Customer Service Program. Hospital Corpsman William Gaines worked with both the old and revamped programs. Gaines said major improvements at the hospital included upgrading to paperless process and having a trained Customer Service Representative in each of the clinical areas.

"As a result, we could meet the needs of our patients much faster. We wanted to make sure there was someone immediately available if a patient needed help," Gaines said.

Kings Bay really did it right with their two awards. According to Hospital Corpsman Marjan DeLyons, a Health Benefits Advisor at the clinic, customer service initiatives were the key component to their success.

DeLyons said, "We made sure that each time a patient had contact with one of our clinic staff, that it was a pleasant experience in spite of the fact they were not feeling well. From the moment they dialed the phone to make an appointment, tried to find a parking spot or asked a question in our clinic, we wanted our patients to feel special and know they are important to us."

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Headline: Senior Sailor of Year values mentoring
By Bill Doughty, U.S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- A dental technician with the U.S. Naval Dental Center Far East who excelled through mentoring has been named the Naval Forces Japan's Sailor of the Year.

Dental Technician First Class (SW) David Acuff said mentoring contributed to his receiving the award.

"When I first came in, I had a first class and a chief that I really looked up to. They mentored me. They looked out for me. They kind of brought me up and challenged me, and I think that a junior person should definitely be looking for someone -- 'Hey, that guy is up there; he's on the right track' -- to be in their shadow and try to learn from them."

Now, Acuff is a mentor to others.

According to Atsugi Clinic Front Desk Manager Dental Technician Third Class Gabriel Vega, "When I made E-4 last June, he told me, 'Petty Officer Vega, now you're a leader. You're going to be in charge of people. You're going to learn a lot more responsibilities. If you need help, my door is always open.' It sure was. I had a lot of questions and he did answer them. Now I consider myself a

great leader also, and I try to follow his steps."

Mentorship has been described as teaching through trust and empowerment. Commander Naval Forces Japan's Sailor of the Year has been empowered by his command, U.S. Naval Dental Center Far East at Yokosuka Naval Base.

Senior Chief Dental Technician (SW) Enrique Cruz, Command Senior Chief of USNDC Far East, said, "The principles that I've set since being here we've borrowed from (well known football coach and motivational speaker) Lou Holtz: doing the right thing, always doing your best, and always treating everybody with dignity and respect -- and [Acuff] pulled all three of these. He's a highly deserving Sailor of the Year for Naval Forces Japan. I'm looking forward to his selection as Pacific Fleet Sailor of the Year. It would be wonderful."

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Headline: DoD works to improve deployment medical record keeping

By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON -- DoD officials are taking steps to ensure service members' health is evaluated before and after deployments and that individual medical concerns are properly addressed.

Navy Capt. David H. Trump recently explained the relatively new requirement for standard pre- and post-deployment health assessments to a group of military medical professionals. The group was meeting here Jan. 31-Feb. 3 for the 2000 TRICARE Conference. Trump is the program director for preventive medicine and surveillance in the Office of the Assistant Secretary of Defense for Health

Affairs.

The fiscal year 1998 Defense Authorization Act mandated the assessments. "The secretary of defense was directed to implement a medical tracking system for military members deployed overseas," Trump said. The system was to include data on immunizations and "health events that occurred in theater, to include healthcare encounters and environmental exposures," he said.

In May 1999, two standard DoD forms grew out of this requirement -- DD Form 2795, pre-deployment health assessment, and DD Form 2796, post-deployment health assessment. Trump explained the two forms must be filled out before and after all deployments of more than 30 days to "a place that doesn't have a fixed medical treatment facility."

Each form is a questionnaire that allows service members to record information about their general health and to share any concerns they may have.

The pre-deployment assessment asks such questions as: Do you have any medical or dental problems? Do you have a 90-day supply of your prescription medication or birth control

pills? During the past year, have you sought counseling or care for your mental health?

The post-deployment assessment asks questions relating to deployment experiences. Some examples: Do you have any unresolved medical or dental problems that developed during this deployment? Do you have concerns about possible exposures or events during this deployment that you feel may effect your health?

Both forms provide for follow-up care or specialty referrals if necessary. Once completed and signed by both the service member and the healthcare provider, one copy of the form is filed in the individual's medical record and the other is forwarded to the Defense Medical Surveillance System.

DoD had been taking steps in that direction before receiving direction from Congress, Trump said. He explained that the need for pre- and post-deployment health screenings became apparent following the Gulf War.

"In many cases, the health screenings that were done as part of mobilization processing weren't recorded in the individual's medical record," he said. "And probably more problematic, many times medical assessments were not done on return from deployment."

This was particularly a problem for Guard and Reserve members, many of whom were separated from military service without ever receiving a pre-separation physical. "This caused many problems for them when they went to seek care from [the Department of] Veterans Affairs," Trump said.

He described the assessments as an easy step with the potential to help a lot of people in the long run. "This is not rocket science. This is not a research study," he said. "It really is just a way to document that people had the opportunity to list their concerns and that a clinical assessment has been made.

"It's just a way of making sure we provide the commander in chief with a fit and healthy force," he said.

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Headline: Great Lakes sponsors recruit healthcare symposium
By Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- The Sixth Annual Recruit Healthcare Symposium is scheduled April 25 to 28 at the Chicago Hyatt Regency at O'Hare airport.

The symposium will focus on recruit and women's healthcare issues throughout the Department of Defense. More than 47 speakers will present a variety of topics.

Keynote speaker will be Rear Adm. Michael Cowan, MC, USN, chief of staff for the assistant secretary of defense for health affairs.

Other presenters will include:

- Major Rodney Coldren, USA, MC, the Fort Jackson Training Center, S.C.: "Retention Issues of Injured Soliders During Basic Training."

- Dr. Katerina Neuhauser, US Air Force: "Medical Surveillance of Air Force Recruits during Warrior Week."
- British Army, Lt. Col. Ian Gemmell: "Injury Patterns in British Army Recruits"
- Lt. Cmdr. Margaret Ryan, MC, Naval Health Research Center San Diego: "Nicotine Replacement to Facilitate Smoking Cessation Among Recruits."

Other topics of the symposium include psychiatry, occupational health and preventive medicine, nutrition, and a four-hour course designed to train facilitators to conduct tobacco cessation groups.

An agenda of all speakers and registration details are posted on the website at <http://greatlakes.med.navy.mil>. Click on Recruit Symposium 2000 link or call 847-688-2616/DSN 792-2616.

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Headline: Anthrax question and answer
From Bureau of Medicine and Surgery

Question: Are vaccines being developed for other biological agents?

Answer: Yes. As potential biological warfare threats are identified, DoD is working with the FDA to determine appropriate protection mechanisms. Vaccines are being developed, whenever appropriate, for all validated biological threat agents. More information is provided in the Biological Warfare Preparedness section of the DOD anthrax web site.

For more information visit the Navy anthrax web site at <http://www-nehc.med.navy.mil/prevmed/immun/anthrax.htm>, or the DOD anthrax web site at <http://www.anthrax.osd.mil/>.

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Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: If I am already confident that I need to see a specialist, do I need to contact my PCM before I go? What will happen if I don't?

Answer: For those enrolled in TRICARE Prime, it is always necessary to first consult your Primary Care Manager for specialty care. If it is necessary for you to see a specialist, your PCM will help make an appointment for you. If you see a specialist on your own, without prior approval from your PCM you will be participating in Prime's Point-of-Service option and will be responsible for 50 percent of the cost after the deductible (\$300 for single enrollment and \$600 for family enrollment) is met.

For more information visit the TRICARE web site at <http://www.tricare.osd.mil>

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Headline: Healthwatch: March is National Nutrition Month:
Add fuel for fitness

By Lt. Janis Ward, MSC, U.S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- Whether you are a world class athlete or an exercise enthusiast, nutrition is fundamental to fitness. A varied, moderate, and balanced eating plan that supplies the right amount of nutrients and energy is essential for achieving and maintaining strength, flexibility and endurance.

What is a balanced eating plan to fuel up for fitness?

The best eating plan for athletes does not differ much from a regular, balanced diet. It should include adequate fluids and plenty of low-fat, high carbohydrate foods that provide energy and replenish the fuel and fluids used during physical activity. Athletes should pay careful attention to their nutrition needs before, during and after exercise.

Why Are Carbohydrates So Important For Athletes?

Carbohydrates are one of the main sources of energy for working muscles. That's why carbohydrate-containing foods should comprise at least 60 percent of the calories in an athlete's eating plan. Some foods high in carbohydrate and low in fat include breads, grains, pastas, vegetables, fruits, fruit juices, and juice drinks. Muscles replenish stored carbohydrates most efficiently within the first two-hour following exercise. Therefore, athletes should eat or drink 200 to 400 carbohydrate calories as soon as tolerable after exercise, and then again two hours later. Here are some 200 to 400 calorie suggestions:

- Two pieces of fruit such as a banana and orange or apple
- 12-oz fruit juice cocktail, such as cranberry, or fruit juice such as grapefruit
- 1 cup non-fat frozen or regular yogurt topped with 1 cup blueberries
- 1 cup of grapes and 1 bagel
- 1-oz of cereal with $\frac{1}{2}$ cup skim milk and $\frac{1}{2}$ cup slice banana
- 1 cup low-fat vegetable soup with 1 pita pocket
- 1 bran, blueberry, or cranberry low-fat muffin with 1 cup skim milk

What Is the Role of Fluids in Sports Nutrition?

When you are physically active, your body requires water or other fluids so it can cool itself, primarily through evaporation of sweat. Athletes must make a conscious effort to drink fluids before, during, and after exercise.

A 150-pound athlete can lose as much as six cups of fluid in one hour of continuous activity. If an athlete is not careful about fluid intake, he or she risks becoming dehydrated, which can dramatically hinder athletic performance by reducing endurance and increasing the risk of serious heat illnesses, such as heat exhaustion and heat stroke.

For most athletes, water is the preferred source of fluid before and during workouts. For athletes working out for 60 minutes or more, diluted fruit juices and juice drinks are not recommended immediately before and during heavy

workouts because they can cause fullness and cramping.

After workouts, athletes should replace fluid lost during exercises by drinking two cups of water or other fluids for each pound of body weight lost. Juices and juice drinks are good after-workout choices because they not only help replenish fluids, but they also replace carbohydrates used during exercise.

When shopping for the most nutritious juice or juice drink, always read the complete Nutrition Facts panel on the label and compare such things as carbohydrate and Vitamin C content.

What is the Best source For Sports Nutrition Advice?

Make sure the information comes from a registered dietitian (RD) who will provide accurate, up-to-date food and nutrition information. Large Military Treatment Facilities are staffed with at least one registered dietitian. In Yokosuka, please call 243-6890 for more information.

Lt, Janis Ward, MSC, is a registered dietitian and Food Service Officer at US Naval Hospital Yokosuka.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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